Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF INDIANA		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is a amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Part 1: Identify Yourself								
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):					
1.	Your full name								
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Justin First name T Middle name Herber Last name and Suffix (Sr., Jr., II, III)		Sarah First name K Middle name Paris Last name and Suffix (Sr., Jr., II, III)					
2.	All other names you have used in the last 8 years Include your married or maiden names.								
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1222		xxx-xx-3871					

Case 20-10284-reg Doc 1 Filed 03/04/20 Page 2 of 58

Sarah K Paris Debtor 2 Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EIN EIN Where you live If Debtor 2 lives at a different address: 404 West Oakdale Fort Wayne, IN 46807 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Allen County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, I I have lived in this district longer than in any have lived in this district longer than in any other other district. district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Debtor 1

Justin T Herber

	otor 1	Sarah K Paris					Case number (if known)	
Don	4.0-	Tall the Count About)	/a.u. Danla					
Par 7.	The	Tell the Court About \ chapter of the	Check one	e. (For a b	orief description of e		11 U.S.C. § 342(b) for Individuals Filing fo	or Bankruptcy
		ruptcy Code you are sing to file under	•	,,	go to the top of pag	ge 1 and check the appropriat	e box.	
		· ·	Chapte	er 7				
			☐ Chapte	er 11				
			☐ Chapte	er 12				
			☐ Chapte	er 13				
8.	How	you will pay the fee	abo orde a pr	ut how yo er. If your e-printed	ou may pay. Typical attorney is submitti address.	ly, if you are paying the fee young your payment on your behavior	k with the clerk's office in your local court burself, you may pay with cash, cashier's alf, your attorney may pay with a credit ca	check, or money ard or check with
					y the fee in install n ee <i>in Installments</i> (O		on, sign and attach the Application for Ind	ividuals to Pay
			☐ I red but app	quest that is not req lies to yo	nt my fee be waived uired to, waive your ur family size and yo	d (You may request this option ree, and may do so only if yo ou are unable to pay the fee ir	n only if you are filing for Chapter 7. By la ur income is less than 150% of the officia n installments). If you choose this option, cial Form 103B) and file it with your petitic	I poverty line that you must fill out
			uie	Аррпсан	on to have the Ohap	oter 7 1 ming 1 ee walved (Ome	aari omi 100b) and me it with your penito	ni.
9.		you filed for ruptcy within the	■ No.					
	last 8	3 years?	☐ Yes.					
				District				
				District		When		
				District		When	Case number	
10.		any bankruptcy s pending or being	■ No					
	filed not f you,	by a spouse who is iling this case with or by a business ner, or by an	☐ Yes.					
				Debtor			Relationship to you	
				District		When	Case number, if known	
				Debtor			Relationship to you	
				District		When	Case number, if known	
11.		ou rent your lence?	■ No.	Go to I	ine 12.			
			☐ Yes.	Has yo	our landlord obtaine	d an eviction judgment agains	t you?	
					No. Go to line 12.			
					Yes. Fill out <i>Initial</i> this bankruptcy pe		Judgment Against You (Form 101A) and	file it as part of

	otor 1 Justin T Herber otor 2 Sarah K Paris			Case number (if known)				
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Propriet	tor				
12.	Are you a sole proprietor of any full- or part-time business?	□ No.	□ No. Go to Part 4.					
		Yes.	Name and location of business					
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		See Attachment Name of business, if any					
	If you have more than one sole proprietorship, use a							
	separate sheet and attach		Number, Street, City, State					
	it to this petition.			x to describe your business: ness (as defined in 11 U.S.C. § 101(27A))				
			_	Estate (as defined in 11 U.S.C. § 101(51B))				
			_	efined in 11 U.S.C. § 101(53A))				
				r (as defined in 11 U.S.C. § 101(6))				
			☐ None of the above	•				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you indicate that you are	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure				
	For a definition of small	■ No.	I am not filing under Chapter 11.					
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.					
		☐ Yes.		11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.				
		☐ Yes.		11, I am a small business debtor according to the definition in the Bankruptcy Code, and r Subchapter V of Chapter 11.				
Par	t 4: Report if You Own or	Have An	/ Hazardous Property or An	y Property That Needs Immediate Attention				
	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat							
	of imminent and identifiable hazard to	☐ Yes.	What is the hazard?					
	public health or safety? Or do you own any							
	property that needs immediate attention?		If immediate attention is needed, why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?					
				Number, Street, City, State & Zip Code				

Debtor 1 Justin T Herber

Debtor 2 Sarah K Paris Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	tor 1 Justin T Herber tor 2 Sarah K Paris				Case nu	ımber (if known)		
Part	6: Answer These Quest	ions for Re	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consume individual primarily for a personal,			defined in 11 U.S	S.C. § 101(8) as "incurred by an	
			☐ No. Go to line 16b.	•				
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.	-				
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe that	at are not consur	mer debts or bus	siness debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	to line 18.				
	Do you estimate that after any exempt property is excluded and	Yes.	I am filing under Chapter 7. Do you are paid that funds will be available				ded and administrative expenses	
	administrative expenses are paid that funds will		■ No					
be available for Yes distribution to unsecured creditors?								
18.	How many Creditors do	1 -49		1 ,000-5,000			001-50,000	
	you estimate that you owe?	□ 50-99		☐ 5001-10,000 ☐ 10,001-25,000		•	001-100,000 re than100,000	
		☐ 100-19 ☐ 200-9		□ 10,001-25,0	000	LI MOI	re than 100,000	
19.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001	- \$10 million	□ \$50	00,000,001 - \$1 billion	
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million			□ \$1,000,000,001 - \$10 billion	
			001 - \$500,000 001 - \$1 million				☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
20.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million		□ \$50	00,000,001 - \$1 billion	
	estimate your liabilities to be?	_	001 - \$100,000				,000,000,001 - \$10 billion	
		. ,	001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million			0,000,000,001 - \$50 billion ore than \$50 billion	
Part	:7: Sign Below							
For	you	I have ex	camined this petition, and I declare u	ınder penalty of p	perjury that the in	nformation provid	led is true and correct.	
			chosen to file under Chapter 7, I am tates Code. I understand the relief a					
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						to help me fill out this	
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.							
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1 and 3571.						
		/s/ Justi	in T Herber		/s/ Sarah K F			
			F Herber e of Debtor 1		Sarah K Par Signature of D			
		Executed			J	February 26, 2	2020	
		_xecute0	MM / DD / YYYY		EVECUTED OIL	MM / DD / YYYY		

	Justin T Herber Sarah K Paris				Cas	e number (it known)					
If you are n an attorney	not represented by v, you do not need	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.									
to file this page.		/s/ Jeffrey	S Arnold	February 26, 2020							
			Attorney for Debtor			MM / DD / YYYY					
		Jeffrey S. A	Arnold 19743-02								
			Jeffrey S Arnold								
		Firm name	inolu								
		209 W Van	209 W Van Buren Street								
		Columbia	City, IN 46725								
		Number, Street,	City, State & ZIP Code								
		Contact phone	260-248-2169	Emai	il address	jsarnoldlaw@jeffarnoldlaw.com					
		19743-02 II	N			-					
		Bar number & St	ate								

Case 20-10284-reg Doc 1 Filed 03/04/20 Page 8 of 58

Debtor 1 **Justin T Herber** Sarah K Paris Debtor 2 Case number (if known) Fill in this information to identify your case: Debtor 1 **Justin T Herber** Middle Name Last Name Debtor 2 Sarah K Paris (Spouse if, filing) Middle Name Last Name First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA Case number (if known) ☐ Check if this is an amended filing FORM 101. VOLUNTARY PETITION ATTACHMENT Additional Sole Proprietorship(s) **Coldwell Banker The Real estate Group** Name of business, if any 5503 Coventry Lane Fort Wayne, IN 46804 Number, Street, City, State & ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above **Disc Jockey** Name of business, if any 404 W. Oakdale Fort Wayne, IN 46807 Number, Street, City, State & ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) П Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A))

None of the above

Commodity Broker (as defined in 11 U.S.C. § 101(6))

Debto	r 1 Justin T Herber		
Debto	r 2 Sarah K Paris	Case number (if known)	
Lyft	Driving		
Nam	e of business, if any		
404 (Dakdale		
	Wayne, IN 46807		
Numl	per, Street, City, State & ZIP Code		
Chec	k the appropriate box to describe your business:		
	Health Care Business (as defined in 11 U.S.C. § 101(27A))		
	Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))		
	Stockbroker (as defined in 11 U.S.C. § 101(53A))		
	Commodity Broker (as defined in 11 U.S.C. § 101(6))		
	None of the above		

Fill	in this information to identify your case	e:				
	otor 1 Justin T Herber					
	First Name	Middle Name	Last Name	_		
	otor 2 Sarah K Paris	NAC dalla Nia ana	Lant Mana	_		
` `	use if, filing) First Name	Middle Name	Last Name			
Uni	ed States Bankruptcy Court for the: No	ORTHERN DISTRICT	OF INDIANA	_		
	e number own)				☐ Check	if this is an
					amend	ed filing
Su Be a info you	ficial Form 106Sum mmary of Your Assets and s complete and accurate as possible. It mation. Fill out all of your schedules fill original forms, you must fill out a new	f two married people rst; then complete th	e are filing together, both are equally re he information on this form. If you are f	sponsible fo	or supplying	
Par	11: Summarize Your Assets					
					Your as Value of	sets what you own
1.	Schedule A/B: Property (Official Form 1a. Copy line 55, Total real estate, from				\$	165,000.00
	1b. Copy line 62, Total personal property	, from Schedule A/B.			\$	18,614.68
	1c. Copy line 63, Total of all property on	Schedule A/B			\$	183,614.68
Par	2: Summarize Your Liabilities					
					Your lia	bilities
					Amount	you owe
2.	Schedule D: Creditors Who Have Claims 2a. Copy the total you listed in Column A		(Official Form 106D) the bottom of the last page of Part 1 of So	chedule D	\$	159,887.00
3.	Schedule E/F: Creditors Who Have Unso 3a. Copy the total claims from Part 1 (pr	ecured Claims (Officia iority unsecured clain	al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>		\$	1,450.00
	3b. Copy the total claims from Part 2 (no	onpriority unsecured o	claims) from line 6j of Schedule E/F		\$	59,048.79
			Your tot	al liabilities	\$	220,385.79
Par	3: Summarize Your Income and Exp	penses				
4.	Schedule I: Your Income (Official Form 1 Copy your combined monthly income fro		ə I		\$	5,925.21
5.	Schedule J: Your Expenses (Official For Copy your monthly expenses from line 2				\$	5,837.58
Par	4: Answer These Questions for Adn	ninistrative and Stat	istical Records			
6.	Are you filing for bankruptcy under Cl ☐ No. You have nothing to report on t	• • •	check this box and submit this form to the	court with yo	ur other sch	edules.
7.	■ Yes What kind of debt do you have?					
			debts are those "incurred by an individual		a personal,	family, or
		sumer debts. You ha	ve nothing to report on this part of the form		box and su	bmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Justin T Herber

Debtor 2 Sarah K Paris Case number (if known)

3. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

7,257.35

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,450.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	27,412.85
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	28,862.85

			5 20-10204	· og	DUC I	Filed 03/04	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aye 12	01 00		
Fill	in this inform	ation to identify y	our case and th	nis filinç	g:						
Deb	otor 1	Justin T Herb		e Name		Last Name					
	otor 2 use, if filing)	Sarah K Paris		e Name		Last Name					
Unit	ted States Ban	kruptcy Court for t	he: NORTHER	RN DIST	RICT OF IND	DIANA					
Cas	e number					_				Check if this is a amended filing	
_		m 106A/B	onorty							40/45	
		e A/B: Pr								12/15 the category where you	
	ver every questi	ion.	·			he top of any addition		write your r	name and case	e number (if known).	
	No. Go to Part 2										
1.1	404 West C)akdale		What	t is the proper	ty? Check all that apply		Do not dod	luct socured of	nime or exemptions. But	
	Street address, if	Street address, if available, or other description			Duplex or multi-unit building				Do not deduct secured claims or exempti the amount of any secured claims on Scl Creditors Who Have Claims Secured by		
	Fort Wayne	e IN State	46807-0000 ZIP Code		Land	ed or mobile home		Current va entire prop		Current value of the portion you own?	
	City	oldio	211 0000	☐ Investment property ☐ Timeshare ☐ Other				Describe t	cribe the nature of your ownership interth as fee simple, tenancy by the entiretie		
				Who		st in the property? (Check one	a life estat	e), if known. ple		
	Allen					•			•		
	County			□ □ Othe	At least one	d Debtor 2 only of the debtors and ar you wish to add abo		(see in:	structions)	nmunity property	
				or all of		tion number:				\$165,000.00	

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

	tor 1 tor 2	Justin T Herb Sarah K Paris		C	Case number (if known)	
3. C	ars, vaı	ns, trucks, tracto	ors, sport utility ve	hicles, motorcycles		
	No					
	Yes					
3.1	Make	Ford		Who has an interest in the property? Check one		red claims or exemptions. Put ecured claims on <i>Schedule D</i> :
	Mode	el: E350		■ Debtor 1 only		e Claims Secured by Property.
	Year:			Debtor 2 only	Current value of th	
		oximate mileage:	109500	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		r information: ation: 404 Wes	t Oakdalo	At least one of the debtors and another		
		Wayne IN 468		☐ Check if this is community property (see instructions)	\$9,000.	\$9,000.00
		Kia			Do not deduct secu	red claims or exemptions. Put
3.2				Who has an interest in the property? Check one	the amount of any s	ecured claims on Schedule D:
	Mode			☐ Debtor 1 only	Creditors Who Have	e Claims Secured by Property.
	Year:		186000	Debtor 2 only	Current value of th	
		oximate mileage: r information:	100000	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
		ation: 404 Wes	t Oakdale.	At least one of the debtors and another		
		Wayne IN 468		☐ Check if this is community property (see instructions)	\$1,500.	\$1,500.00
5 A				n for all of your entries from Part 2, including a		\$10,500.00
4.	ages y	ou nave attache	a for Part 2. Write	that number here	=>	
			al and Household Ite			
			- '	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E		old goods and fu es: Major appliand		, china, kitchenware		
	Yes.	Describe				
			stove, washer/d		h, fridge,	¢4 500 00
		ļ	Location: 404 W	/est Oakdale, Fort Wayne IN 46807		\$1,500.00
E	lectron Example	es: Televisions an		eo, stereo, and digital equipment; computers, printo nedia players, games	ers, scanners; music co	llections; electronic devices
ı	Yes.	Describe				
				d player, 2 laptops, xbox /est Oakdale, Fort Wayne IN 46807		\$900.00

	ebtor 1 ebtor 2	Justin T Herber Sarah K Paris	Case number	(if known)
8.	Example No	oles of value s: Antiques and figurines; paintings, prints, or other other collections, memorabilia, collectibles Describe	er artwork; books, pictures, or other art objects; sta	imp, coin, or baseball card collections;
9.	Example No	ent for sports and hobbies es: Sports, photographic, exercise, and other hobb musical instruments Describe	y equipment; bicycles, pool tables, golf clubs, skis	; canoes and kayaks; carpentry tools;
		2 Basketball hoop, basketl Location: 404 West Oakda	balls, Instruments: Guitar, violn, ukueles le, Fort Wayne IN 46807	\$1,250.00
	■ No □ Yes. Clothes Examp □ No	les: Pistols, rifles, shotguns, ammunition, and relation.		
		Mis. Clothing, jeans, t-shir Location: 404 West Oakda	ts le, Fort Wayne IN 46807	\$550.00
12.	□ No			s, gems, gold, silver
13.	Examp ■ No	m animals les: Dogs, cats, birds, horses Describe		
14.	■ No	ner personal and household items you did not a	already list, including any health aids you did n	ot list
15		ne dollar value of all of your entries from Part 3 rt 3. Write that number here	3, including any entries for pages you have atta	s4,850.00
Pa	rt 4: Des	cribe Your Financial Assets		
		n or have any legal or equitable interest in any	of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	□ No	les: Money you have in your wallet, in your home,	in a safe deposit box, and on hand when you file y	our petition

Debtor 1 Debtor 2	Justin T Herber Sarah K Paris		Case number (if known	n)
			Cash Location: 404 West Oakdale, Fort Wayne IN 46807	\$50.00
Exam _l			unts; certificates of deposit; shares in credit unions, brokerag with the same institution, list each.	e houses, and other similar
□ No ■ Yes			Institution name:	
	17.	Checking & 1. Savings	Three Rivers Federal Credit Union	\$750.00
Examp ■ No			kerage firms, money market accounts	
19. Non-p ı	ublicly traded stock are		rated and unincorporated businesses, including an inter	est in an LLC, partnership, and
■ No □ Yes.		on about them	 % of ownership:	
Negoti Non-ne ■ No	iable instruments includ egotiable instruments a Give specific informatio	e personal checks, cash re those you cannot tran on about them	tiable and non-negotiable instruments niers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them.	
	ment or pension accou		03(b), thrift savings accounts, or other pension or profit-sharin	ng plans
□ No ■ Yes.	List each account sepa Typ	rately. se of account:	Institution name:	
	IRA	4	Capital Group American Funds	\$2,464.68
Your s Examp ■ No	oles: Agreements with la	sits you have made so	that you may continue service or use from a company public utilities (electric, gas, water), telecommunications comp	panies, or others
	ies (A contract for a ne	riodic payment of mone	y to you, either for life or for a number of years)	
■ No □ Yes		ame and description.	y to you, old or for the or for a flambor of yours,	
24. Interest 26 U.S.			nalified ABLE program, or under a qualified state tuition p	orogram.
■ No □ Yes	Institutio	n name and description	. Separately file the records of any interests.11 U.S.C. § 521(c):
■ No	, equitable or future in		ther than anything listed in line 1), and rights or powers e	exercisable for your benefit

Se Petertis, copyrights, trademarks, trade secrets, and other intellectual property Examples: Informet domain names, websites, proceeds from royalties and licensing agreements No		ebtor 1 ebtor 2	Justin T Herber Sarah K Paris			Case number (if known)	
Yes. Give specific information about them 27. Licenses, franchises, and other general intangibles	26.	_Exam				ents	
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them No Yes. Give specific information about them, including whether you already filed the returns and the tax years 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information No Yes. Give specific information No Yes. Give specific information		_	Give specific informati	ion about them			
Portion you own?		Exam _l ■ No	oles: Building permits, e	exclusive licenses, cooperative a	ssociation holdings, liquor lice	nses, professional licens	es
Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years 29. Family support							
No							Do not deduct secured
Yes, Give specific information about them, including whether you already filed the returns and the tax years 29. Family support			funds owed to you				
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 22. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim			Give specific information	on about them, including whether	you already filed the returns a	and the tax years	
Yes. Give specific information 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No Yes. Describe each claim 35. Any financial assets you did not already list ■ No Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached	29.	Exam		sum alimony, spousal support, cl	nild support, maintenance, divo	prce settlement, property	settlement
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim		_	Give specific information	on			
□ Yes. Give specific information 31. Interests in insurance policies	30.	Exam _l	oles: Unpaid wages, dis	sability insurance payments, disa	bility benefits, sick pay, vacation	on pay, workers' compe	nsation, Social Security
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 44. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim		_	Give specific informati	ion			
Yes. Name the insurance company of each policy and list its value.	31.	_Exam			account (HSA); credit, homeov	vner's, or renter's insura	nce
yalue: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim 35. Any financial assets you did not already list No Yes. Give specific information						arv [.]	Surrender or refund
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim 35. Any financial assets you did not already list No Yes. Give specific information				company name.	Bonono	ary.	
 Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim 35. Any financial assets you did not already list No Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 	32.	If you somed	are the beneficiary of a			e currently entitled to rec	eive property because
Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim			Give specific informati	ion			
 Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim 35. Any financial assets you did not already list No Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 		Exam				d for payment	
■ No □ Yes. Describe each claim 35. Any financial assets you did not already list ■ No □ Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached			Describe each claim				
 ☐ Yes. Describe each claim 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 	34.	_	contingent and unliqu	uidated claims of every nature,	including counterclaims of t	the debtor and rights to	set off claims
■ No □ Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached		_	Describe each claim				
Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached	35.	_	nancial assets you did	l not already list			
			Give specific informati	ion			
	36						\$3,264.68

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Debi	tor 1 Justin T Herber tor 2 Sarah K Paris		Case number (if known)	
37. D	o you own or have any legal or equitable interest in any business-relate	d property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
Part	6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. [Oo you own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information			••••
54.	Add the dollar value of all of your entries from Part 7. Write that	at number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$165,000.00
56.	Part 2: Total vehicles, line 5	\$10,500.00		
57.	Part 3: Total personal and household items, line 15	\$4,850.00		
58.	Part 4: Total financial assets, line 36	\$3,264.68		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$18,614.68	Copy personal property total	\$18,614.68
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$183,614.68

		Case 20	-10284-reg	Doc 1	Filed 03/04/20	Page 18	of 58	
							•	
Fil	l in this informa	ation to identify your o	ase:					
De	btor 1	Justin T Herber	Middle Name		Last Name			
De	ebtor 2	Sarah K Paris	Middle Name		Last Name			
(Sp	ouse if, filing)	First Name	Middle Name		Last Name			
Un	ited States Banl	kruptcy Court for the:	NORTHERN DIST	RICT OF IN	IDIANA			
Ca	ise number							
1	nown)							Check if this is an
]	amended filing
O	fficial For	m 106C						
			nerty Yo	u Clai	m as Exem	nt		4/19
_						<u> </u>		
the nee	property you list	ted on <i>Schedule A/B: P.</i> attach to this page as n	roperty (Official Forr	n 106A/B) a	s your source, list the pi	roperty that you	claim as ex	correct information. Using empt. If more space is ages, write your name and
spe any fun exe	ecific dollar amo applicable sta ds—may be un emption to a pa	ount as exempt. Alterr tutory limit. Some exe limited in dollar amou	natively, you may c mptions—such as nt. However, if you	laim the ful those for h I claim an e	nealth aids, rights to re exemption of 100% of f	he property be ceive certain b air market valu	ng exempt enefits, and e under a la	ed up to the amount of distax-exempt retirement
Pa	rt 1: Identify	the Property You Clai	m as Exempt					
1.	Which set of e	exemptions are you cla	aiming? Check one	only, even	if your spouse is filing w	ith you.		
	■ You are clai	ming state and federal	nonbankruptcy exer	nptions. 11	U.S.C. § 522(b)(3)			
	☐ You are clai	ming federal exemption	s. 11 U.S.C. § 522	(b)(2)				
2.	For any prope	erty you list on <i>Schedu</i>	le A/B that you cla	im as exen	npt, fill in the informati	on below.		
		n of the property and line nat lists this property	on Current val		Amount of the exemption	n you claim	Specific la	ws that allow exemption
			Copy the va		Check only one box for ea	ch exemption.		
	404 West Oa 46807 Allen	ıkdale Fort Wayne, I Countv	NI .	000.00	•	\$19,300.00	Ind. Cod	e § 34-55-10-2(c)(1)
	Line from Sche	•			100% of fair marke			

portion you own			
Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
\$165,000.00		\$19,300.00	Ind. Code § 34-55-10-2(c)(1)
		100% of fair market value, up to any applicable statutory limit	
\$1,500.00		\$1,500.00	Ind. Code § 34-55-10-2(c)(2)
		100% of fair market value, up to any applicable statutory limit	
\$900.00		\$900.00	Ind. Code § 34-55-10-2(c)(2)
		100% of fair market value, up to any applicable statutory limit	
\$1,250.00		\$1,250.00	Ind. Code § 34-55-10-2(c)(2)
		100% of fair market value, up to any applicable statutory limit	
	\$165,000.00 \$1,500.00	\$1,500.00 \$900.00 \$1,250.00	Copy the value from Schedule A/B \$165,000.00 \$19,300.00 100% of fair market value, up to any applicable statutory limit \$1,500.00 100% of fair market value, up to any applicable statutory limit \$900.00 \$100% of fair market value, up to any applicable statutory limit \$1,250.00 \$1,250.00 100% of fair market value, up to any applicable statutory limit

Official Form 106C

	btor 1 btor 2		tin T Herber ah K Paris			Case number (if known)		
			iption of the property and line on L/B that lists this property	Current value of the portion you own	Am	Specific laws that allow exemption		
				Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
			hing, jeans, t-shirts : 404 West Oakdale, Fort	\$550.00 ■		\$550.00	Ind. Code § 34-55-10-2(c)(2)	
	Wa	Nayne IN 46807 Line from Schedule A/B: 11.1				100% of fair market value, up to any applicable statutory limit		
		_	rings, costume jewelry : 404 West Oakdale, Fort	\$650.00		\$650.00	Ind. Code § 34-55-10-2(c)(2)	
	Wa	Nayne IN 46807 Line from Schedule A/B: 12.1				100% of fair market value, up to any applicable statutory limit		
_		Cash Location: 404 West Oakdale, Fort Wayne IN 46807 Line from <i>Schedule A/B</i> : 16.1		\$50.00		\$50.00	Ind. Code § 34-55-10-2(c)(3)	
	Wa					100% of fair market value, up to any applicable statutory limit		
			g & Savings: Three Rivers	\$750.00		\$750.00	Ind. Code § 34-55-10-2(c)(3)	
		Federal Credit Union ine from Schedule A/B: 17.1				100% of fair market value, up to any applicable statutory limit		
			ital Group American Funds	\$2,464.68		ALL	Ind. Code § 34-55-10-2(c)(6)	
	LIIIC	, mom	Schedule A/D. Z111			100% of fair market value, up to any applicable statutory limit		
3.			laiming a homestead exemption adjustment on 4/01/22 and every			iled on or after the date of adjustmer	nt.)	
		No						
		Yes.	Did you acquire the property cover	ed by the exemption w	ithin 1	,215 days before you filed this case	?	
			No					
			Yes					

		•	· ·		
Fill in this infe	ormation to identify you	ır case:			
Debtor 1	Justin T Herber				
	First Name	Middle Name Last Name		•	
Debtor 2	Sarah K Paris				
(Spouse if, filing)	First Name	Middle Name Last Name			
United States	Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA			
Coso number					
Case number				☐ Check	if this is an
				_	ded filing
					g
Official Fo	rm 106D				
Schedul	e D: Creditors	Who Have Claims Secured	by Propert	V	12/15
<u> </u>	C D. Orcaltors	vine have dialing seedica	by 1 Topert	<u> </u>	12/10
	the Additional Page, fill it of	If two married people are filing together, both are equout, number the entries, and attach it to this form. On			
•	ors have claims secured by	vour property?			
`	_	his form to the court with your other schedules. Yo	u have nothing else t	o report on this form	
_		•	a nave nothing clock	o report on the form.	
	II in all of the information I	Delow.			
Part 1: List	All Secured Claims		O-luma A	Oakimin D	0-1
		more than one secured claim, list the creditor separately	Column A	Column B	Column C
		a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	•	ŭ	value of collateral.	claim	If any
21	st America Federal	Describe the preparty that accuracy the claim.	\$12,509.00	\$9,000.00	\$3,509.00
Credit U		Describe the property that secures the claim:	Ψ12,303.00	Ψ3,000.00	Ψ5,503.00
Oreditor 3 IV	ane	2014 Ford E350 109500 miles Location: 404 West Oakdale, Fort			
		Wayne IN 46807			
1104 M	edical Park Dr.	As of the date you file, the claim is: Check all that			
	ayne, IN 46825	apply. Contingent			
Number, St	reet, City, State & Zip Code	☐ Unliquidated			
, , ,	, , , , , , , , , , , , , , , , , , , ,	☐ Disputed			
Who owes the	debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	/	☐ An agreement you made (such as mortgage or secu	ıred		
Debtor 2 only	•	car loan)			
Debtor 1 and		☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one	of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this community	s claim relates to a debt	Other (including a right to offset) Secured Au	to		
Date debt was	ncurred	Last 4 digits of account number 0671			

Deb	tor 1	Justin T Herb	er				Case number (if know	wn)		
		First Name	Middle Na	ime	Last Name					
Deb	tor 2	Sarah K Paris								
		First Name	Middle Na	ime	Last Name					
	Per	nnyMac Loan								
2.2	1	vices, LLC		Describe the	property that secures	the claim:	\$147,378.0	0 9	\$165,000.00	\$0.00
	Credi	itor's Name		404 West 0	Dakdale Fort Way	ne, IN				
				46807 Alle	n County					
		Box 514387 s Angeles, CA	90051	apply.	you file, the claim is	: Check all that	J			
		ber, Street, City, State 8		☐ Contingent☐ Unliquidate						
	Num	ber, Otreet, Oity, State t	x Zip Oode	☐ Disputed	eu .					
Who	owe	s the debt? Check	one.		1. Check all that apply.					
	ebtor	1 only		☐ An agreem	ent you made (such as	mortgage or	secured			
	ebtor	2 only		car loan)						
	ebtor	1 and Debtor 2 only	1	☐ Statutory lie	en (such as tax lien, me	echanic's lien))			
ПΑ	t least	t one of the debtors	and another	☐ Judgment I	ien from a lawsuit					
_		if this claim relate unity debt	s to a	Other (inclu	uding a right to offset)	Mortgag	e			
Date	debt	was incurred		Last 4	digits of account num	nber <u>E00</u>	1			
Δd	d the	dollar value of you	ır entries in Co	olumn A on this	s page. Write that nun	nher here	\$150	,887.00		
		•			totals from all pages					
		at number here:	,		, . 3		\$159	9,887.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this infor	mation to identify your ca	se:				
Debtor 1	Justin T Herber					
	First Name	Middle Name	Last Name			
Debtor 2	Sarah K Paris First Name	Middle None	Lost Nome			
(Spouse if, filing)	FIRST Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF INDIANA			
Case number						
(if known)					_	if this is an led filing
					ı amene	iod iiii ig
Official Forr						10/15
	E/F: Creditors What accurate as possible. Use					12/15
eft. Attach the Coname and case nu Part 1: List A	tors Who Have Claims Secur ntinuation Page to this page. mber (if known). All of Your PRIORITY Uns ors have priority unsecured	If you have no informatio				
☐ No. Go to	Part 2.					
Yes.						
Part 1. If more	ne claims in alphabetical order than one creditor holds a parti- nation of each type of claim, see	cular claim, list the other cre	editors in Part 3.		aims, fill out the Conti Priority amount	nuation Page of Nonpriority amount
2.1 Indiana	Department of Reven	ue Last 4 digits of	account number	\$1,450.00	\$1,450.00	\$0.00
,	reditor's Name	When wee the				
P.O. Bo Indiana	ox 595 apolis, IN 46206-0595	When was the	ment incurred?		_	
	Street City State Zip Code	As of the date	you file, the claim is: Che	eck all that apply		
Who incurre	ed the debt? Check one.	☐ Contingent				
Debtor 1	only	☐ Unliquidated	I			
Debtor 2	only	☐ Disputed				
Debtor 1	and Debtor 2 only	•	ITY unsecured claim:			
☐ At least o	ne of the debtors and another	☐ Domestic su	pport obligations			
_	this claim is for a communit	v debt Taxes and c	ertain other debts you owe	the government		
	subject to offset?		eath or personal injury while	=		
■ No	,	☐ Other. Speci		,		
☐ Yes		— 0 (1101). Op 001	Taxes 2019 Owe	ed		-
Part 2: List A	All of Your NONPRIORITY	Unsecured Claims				
	ors have nonpriority unsecu					
	ave nothing to report in this par		urt with your other schedul	loc .		
Yes.	are notining to report in this par	. Submitted form to the Col	are with your other somedur			
unsecured cla	Ir nonpriority unsecured clain im, list the creditor separately f tor holds a particular claim, list	or each claim. For each clai	m listed, identify what type	of claim it is. Do not list cla	aims already included	in Part 1. If more

Total claim

Debtor 1 Debtor 2	Justin T Herber Sarah K Paris	Case number (if known)	
	360 Mortgage Group Nonpriority Creditor's Name	Last 4 digits of account number 8001	Unknown
, ,	11305 Four Points Drive Bldg. 1 Austin, TX 78726	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
I	Debtor 1 only	☐ Contingent	
I	Debtor 2 only	☐ Unliquidated	
I	Debtor 1 and Debtor 2 only	☐ Disputed	
I	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
I	☐ Check if this claim is for a community	☐ Student loans	
	debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
I	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify notice purposes only	
	AArgon Agency Inc. Nonpriority Creditor's Name	Last 4 digits of account number 8103	\$25.00
I	8668 Spring Mountain Rd. Ste. 110 Las Vegas, NV 89117	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
_	Who incurred the debt? Check one.	_	
_	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
I	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
_	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
_	□ Yes	Other. Specify Collection	
	— 163	Other: Specify	
	American Electric Power Service Nonpriority Creditor's Name	Last 4 digits of account number 2246	\$25.43
•	1 Riverside Plaza Columbus, OH 43215-2372	When was the debt incurred?	
1	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
١	Who incurred the debt? Check one.		
I	Debtor 1 only	☐ Contingent	
I	Debtor 2 only	☐ Unliquidated	
ı	Debtor 1 and Debtor 2 only	☐ Disputed	
I	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
-	s the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
ı	☐ Yes	■ Other. Specify Utility	

Debto Debto	r 1 Justin i Herber r 2 Sarah K Paris	Case number (if known)	
4.4	American Profit Recovery	Last 4 digits of account number 7189	\$90.00
	Nonpriority Creditor's Name 34505 West 12 Mile Road Suite 333	When was the debt incurred?	
	Farmington, MI 48331		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Collection	
4.5	Bishop Luers High School	Last 4 digits of account number 1678	\$3,603.48
	Nonpriority Creditor's Name 333 E. Paulding Road Fast Wayne IN 46846	When was the debt incurred?	
	Fort Wayne, IN 46816 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	no or and unit you may and out an order of an area appropriate	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
		<u> </u>	
	■ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify school fees	
4.6	Canterbury Green Apartments Nonpriority Creditor's Name	Last 4 digits of account number	\$3,117.11
	2727 Canterbury Blvd Fort Wayne, IN 46835	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Rent	

Official Form 106 E/F

Debtor 1 Debtor 2	Justin T Herber Sarah K Paris	Case number (if known)	
	Capital One	Last 4 digits of account number 6972	\$11,783.04
	Nonpriority Creditor's Name PO Box 6492	When was the debt incurred?	
_	Carol Stream, IL 60197-6492 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card	
	CBNA	Last 4 digits of account number 3551	\$1,044.00
	Nonpriority Creditor's Name PO box 6497 Sioux Falls, SD 57117	When was the debt incurred?	
_	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Collection	
	Comenity- Caesars Rewards Visa Nonpriority Creditor's Name	Last 4 digits of account number 1879	\$2,084.80
	PO Box 659584 San Antonio, TX 78265-9584	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify Credit Card	
	_ 103	- Other. Specify Order Surv	

2 Sarah K Paris	Case number (if known)	
Comenity- Jared The Galleria of Jewelry	Last 4 digits of account number 8742	\$2,805.84
Nonpriority Creditor's Name PO Box 659450	When was the debt incurred?	
San Antonio, TX 78265-9450		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Credit Card	
Credit Collection Services	Last 4 digits of account number 5357	\$717.00
Nonpriority Creditor's Name	Last 4 digits of account number	ψ
Two Wells Street	When was the debt incurred?	
Newton Center, MA 02459 Number Street City State Zip Code	As of the data you file the claim is: Check all that analy	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only		
■ Debtor 1 and Debtor 2 only	☐ Unliquidated	
☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Collection	
Drive Card	Last 4 digits of account number 4288	\$1,044.62
Nonpriority Creditor's Name	Last 7 digits of account number	Ψ1,077.02
PO Box 790394	When was the debt incurred?	
Saint Louis, MO 63179	As of the data were file the plain in O	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Пол	
Debtor 2 only	☐ Contingent	
■ Debtor 1 and Debtor 2 only	☐ Unliquidated	
_ ′	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
_	☐ Debts to pension or profit-sharing plans, and other similar debts	
■ No	Debts to pension of profit-sharing plans, and other similar debts	

2 Sarah K Paris	Case number (if known)	
Dupont Hospital	Last 4 digits of account number Various	\$1,061.92
Nonpriority Creditor's Name 2520 East Dupont Road	When was the debt incurred?	
Fort Wayne, IN 46825 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset? ■ No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify Medical Services	
Nelnet	Last 4 digits of account number	\$27,412.85
Nonpriority Creditor's Name P.O. Box 1649 Denver, CO 80201	When was the debt incurred?	· ·
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
■ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
\square Check if this claim is for a community	■ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify	
	Student Loan	
PMB/Emergency Medicine of In LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$1,824.00
7619 West Jefferson Blvd. Fort Wayne, IN 46804	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Medical Services	

Debto Debto	or 1 Justin T Herber Sarah K Paris	Case number (if known)	
4.1	Portfolio Recovery Associates, LLc	Last 4 digits of account number 7805	\$304.00
	Nonpriority Creditor's Name PO Box 12914	When was the debt incurred?	
	Norfolk, VA 23541 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
		Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Collection	
4.1	Sprint	Last 4 digits of account number 0005	\$422.93
·	Nonpriority Creditor's Name PO Box 4191	When was the debt incurred?	
	Carol Stream, IL 60197-4191 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Cell Phone Service	
4.1	Star Financial Bank	Last 4 digits of account number 5567	\$1,126.63
	Nonpriority Creditor's Name PO Box 151600	When was the debt incurred?	
	Anderson, IN 46015 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	and you may and order to one on and appropriate the control of the contr	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify Credit Card	

Debto Debto	or 1 Justin T Herber or 2 Sarah K Paris		Case number (if known)	
4.1	Three Rivers Federal Credit Union	Last 4 digits of account number	9242	\$61.00
9	Nonpriority Creditor's Name P.O. Box 2573	When was the debt incurred?		
	Fort Wayne, IN 46801-2573			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one. ☐ Debtor 1 only	П -		
	Debtor 2 only	☐ Contingent		
		☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	Disputed	ad alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans	ed Claim:	
	☐ Check if this claim is for a community debt	<u> </u>	paration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	diation agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-shar	ing plans, and other similar debts	
	Yes	Other. Specify Credit Car	d	
4.2	Von Maur	Last 4 digits of account number	5957	\$495.14
0	Nonpriority Creditor's Name			
	6565 Brady Street	When was the debt incurred?		
	Davenport, IA 52806 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam	16. Oncok ali that appry	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sep	paration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-shar	ing plans, and other similar debts	
	Yes	Other. Specify Credit Car	rd	
Part 3	List Others to Be Notified About a D	Pebt That You Already Listed		
is tr	this page only if you have others to be notified ying to collect from you for a debt you owe to e more than one creditor for any of the debts t fied for any debts in Parts 1 or 2, do not fill ou	someone else, list the original creditor hat you listed in Parts 1 or 2, list the add	in Parts 1 or 2, then list the collection agency	here. Similarly, if you
	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
•	ont Hospital Bank of America Processing		Part 1: Creditors with Priority Unsecured Claim	
Cent	_		Part 2: Creditors with Nonpriority Unsecured C	laims
	2 Collections Ctr Dr			
Chic	ago, IL 60693-0156	Last 4 digits of account number	9235	
Name	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	System	Line <u>4.17</u> of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claim	ıs
_	Box 64378 t Paul, MN 55164-0378		Part 2: Creditors with Nonpriority Unsecured C	laims
Juin	tradi, init oo io- oo io	Last 4 digits of account number	4189	
Name	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	antile Adjustment Bureau	Line 4.3 of (Check one):	Part 1: Creditors with Priority Unsecured Claim	ıs
	Lawrence Bell Dr. alo, NY 14221	1	Part 2: Creditors with Nonpriority Unsecured C	laims
Dulle	wiv, iti 17661	Last 4 digits of account number	5120	
Name	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
Official	Form 106 E/F Sch	edule E/F: Creditors Who Have Unsecu	red Claims	Page 8 of

Debtor 1 Justin T Herber Sarah K Paris		Case number (if known)
Professional Account Services, Inc.	Line 4.13 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 188 Brentwood, TN 37024-0188		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?
Snow & Sauerteig	Line 4.13 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
203 East Berry St. Fort Wayne, IN 46802		Part 2: Creditors with Nonpriority Unsecured Claims
Tort Wayne, IN 40002	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?
Weltman, Weinberg & Reis Co.	Line 4.18 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
323 West Lakeside Ave Ste. 200 Cleveland, OH 44113-1009		Part 2: Creditors with Nonpriority Unsecured Claims
Oleveland, Oli 441 13-1009	Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	4 450 00
nomi art i		• •	6c.	φ	1,450.00
	6c.	Claims for death or personal injury while you were intoxicated		\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	1,450.00
					Total Claim
Total	6f.	Student loans	6f.	\$	27,412.85
claims from Part 2	6a.	Obligations arising out of a separation agreement or divorce that			
	og.	you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	31,635.94
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	59,048.79

Fill in this infor	mation to identify your	case:			
Debtor 1	Justin T Herber				
	First Name	Middle Name	Last Name		
Debtor 2	Sarah K Paris				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF INDIANA		
Case number					
(if known)					Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the r, Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Oldio	211 0000	
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	,				
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5	Oity		State	ZIF COUC	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Official Form 106G

Fill in this inf	ormation to identify your	case:			
Debtor 1	Justin T Herber	ACT III AT			
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	Sarah K Paris First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	Γ OF INDIANA		
Case number					
(if known)	-				☐ Check if this is an
					amended filing
O(() - 1 - 1 - E	40011				
	Form 106H				
Schedul	le H: Your Cod	lebtors			12/15
_	ı have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes					
	the last 8 years, have you California, Idaho, Louisiana				y states and territories include
= o					
■ No. Go	ito line 3. id your spouse, former spo	use or legal equivalent liv	e with you at the time?		
□ 163. D	ia your spouse, former spo	use, or legal equivalent liv	e with you at the time:		
in line 2 a Form 106 out Colu	again as a codebtor only SD), Schedule E/F (Officia mn 2. umn 1: Your codebtor	if that person is a guarar I Form 106E/F), or Sched	ntor or cosigner. Make	sure you have listed the logo. Use Schedule D, state of the logo. Column 2: The cre	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fil editor to whom you owe the debt
Nam	e, Number, Street, City, State and Z	IP Code		Check all schedule	es that apply:
3.1				☐ Schedule D, line	e
Nam	ne			☐ Schedule E/F, li	
				☐ Schedule G, line	
Num	nber Street			_	
City		State	ZIP Code		
3.2				☐ Schedule D, line	e
Nam	ne			☐ Schedule E/F, li	
				☐ Schedule G, line	
Num	nber Street			_	
City		State	ZIP Code		

Schedule H: Your Codebtors

Fill	in this information to identify yo	our case:					
Del	btor 1 Justin T	Herber					
1	btor 2 Sarah K	Paris					
Uni	ited States Bankruptcy Court fo	or the: NORTHERN DISTRIC	CT OF IN	DIANA			
	se number nown)		-			neck if this is: An amended filing A supplement showing postpetition chapte 13 income as of the following date:	ſ
0	fficial Form 106I					MM / DD/ YYYY	
S	chedule I: Your I	ncome				12	/15
	Describe Employm		onal pag	,	nd case	number (if known). Answer every question Debtor 2 or non-filing spouse	on_
	information. If you have more than one jo	h	_	ployed		■ Employed	
	attach a separate page with information about additional	Employment status*	_	t employed		☐ Not employed	
	employers.	Occupation	Realt	or			
	Include part-time, seasonal, self-employed work.	or Employer's name	Cold	well Banker		Trademark Title	
	Occupation may include stude or homemaker, if it applies.	lent Employer's address		Coventry Lane Wayne, IN 46804		9025 Coldwater Rd. Fort Wayne, IN 46825	
		How long employed the	here?	8 years *See Attachment fo	r Additi	2 years ional Employment Information	
Pai	Give Details About	Monthly Income					
	mate monthly income as of tuse unless you are separated.	he date you file this form. If y	you have	nothing to report for any	/ line, w	rite \$0 in the space. Include your non-filing	
	ou or your non-filing spouse have space, attach a separate she		ombine th	ne information for all emp	oloyers f	or that person on the lines below. If you nee	d

For Debtor 1 For Debtor 2 or non-filing spouse **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 0.00 2,011.71 2. Estimate and list monthly overtime pay. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 2,011.71

Schedule I: Your Income Official Form 106I page 1

Justin T Herber Debtor 1 Debtor 2 Sarah K Paris Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here \$ 0.00 2.011.71 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 0.00 213.33 Mandatory contributions for retirement plans 5b. \$ 5b. 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 0.00 Required repayments of retirement fund loans 5d. 5d. 0.00 0.00 5e. Insurance 5e. 0.00 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5g. **Union dues** 5g. \$ \$ 0.00 0.00 Other deductions. Specify: 5h. 5h.+ \$ 0.00 \$ 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 0.00 213.33 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 7 \$ 0.00 1,798.38 8. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. \$ 0.00 8a 3,498.83 8h. Interest and dividends 8b. 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 628.00 8d. **Unemployment compensation** 8d. 0.00 0.00 **Social Security** 8e. 8e. 0.00 0.00 Other government assistance that you regularly receive 8f. Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. \$ 0.00 \$ 0.00 Specify: 8g. 8g. Pension or retirement income \$ 0.00 \$ 0.00 Other monthly income. Specify: 8h.+ 8h. \$ \$ 0.00 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 628.00 3,498.83 10. Calculate monthly income. Add line 7 + line 9. 10. \$ \$ 3,498.83 2,426.38 \$ 5,925.21 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 5,925.21 12. \$ applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain: Debtor 1 drives for Lyft on occasion and picks up shifts when he can. He last drove in January 2020 and has not pick up shifts since.

Official Form 106I Schedule I: Your Income page 2

Debtor 1	Justin I Herber	
Debtor 2	Sarah K Paris	Case number (if known)

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	Lyft and Uber driver	
Name of Employer	Lyft/ Uber	
How long employed	3 years	
Address of Employer	404 Oakdale Drive	
	Fort Wayne, IN 46807	
Debtor		
Occupation	DJ	
Name of Employer	Disc Jockey	
How long employed	8 years	
Address of Employer	404 Oakdale drive	
	Fort Wayne, IN 46807	

ill in this inforr	nation to identify your case:			
ebtor 1	Justin T Herber		Check if this is:	
			☐ An amended filing	
btor 2	Sarah K Paris		A supplement show13 expenses as of	ving postpetition chapt
oouse, if filing)			13 expenses as or	the following date.
ited States Bar	nkruptcy Court for the: NORTHERN DISTRICT OF INDI	IANA	MM / DD / YYYY	
se number known)				
	4001			
	orm 106J			
	e J: Your Expenses e and accurate as possible. If two married people a	are filing together, both are	ogually rosponsible fo	ar cumplying correct
ormation. If	more space is needed, attach another sheet to this wn). Answer every question.			
	cribe Your Household bint case?			
□ No. Go				
	oes Debtor 2 live in a separate household?			
	No Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i>	es for Separate Household of I	Debtor 2.	
Do you ha	ave dependents? \square No			
Do not list Debtor 2.	Debtor 1 and ■ Yes. Fill out this information for each dependent	Dependent's relationship t Debtor 1 or Debtor 2	o Dependent's age	Does dependent live with you?
Do not state the dependents n		Can	•	□ No
	ts names.	Son	<u> </u>	■ Yes
		Daughter	10	□ No ■ v
		Dauginei		■ Yes □ No
		Son	11	■ Yes
				□ No
		Son	13	■ Yes
		-		□ No
		Daughter	13	■ Yes
				□ No
		Daughter	16	Yes
				□ No
		Son	18	Yes
	expenses include No of people other than			
	and your dependents?			
t 2: Esti	imate Your Ongoing Monthly Expenses			
imate your	expenses as of your bankruptcy filing date unless f a date after the bankruptcy is filed. If this is a sup	you are using this form as a pplemental <i>Schedule J</i> , ched	a supplement in a Cha k the box at the top o	pter 13 case to repo f the form and fill in
	ses paid for with non-cash government assistance	if you know		
Official Form 106I.)			Your expenses	
The rental or home ownership expenses for your residence. Include first mortgag payments and any rent for the ground or lot.			4. \$	1,151.12
If not incl	uded in line 4:			
4a. Rea	Il estate taxes	4:	a. \$	0.00

Official Form 106J Schedule J: Your Expenses

Debtor 1 Debtor 2	Justin T Herber Sarah K Paris	Case number (if known)	
4b.	Property, homeowner's, or renter's insurance	4b. \$	0.00
4c.	Home maintenance, repair, and upkeep expenses	4c. \$	225.00
4d.	Homeowner's association or condominium dues	4d. \$	0.00
5. Add	itional mortgage payments for your residence, such as home equity loans	5. \$	0.00

	otor 1 otor 2	Justin T Sarah K		Case num	ber (if known)	
6.	Utilit	ies:				
	6a.	Electricity	/, heat, natural gas	6a.	\$	438.00
	6b.	Water, se	ewer, garbage collection	6b.	\$	180.00
	6c.	Telephon	ne, cell phone, Internet, satellite, and cable services	6c.	\$	390.00
	6d.	Other. Sp	•	6d.	\$	0.00
7.	Food	and hous	sekeeping supplies	7.	\$	1,350.00
8.	Child	dcare and	children's education costs	8.	\$	450.00
9.	Cloth	ning, laund	dry, and dry cleaning	9.	\$	175.00
10.	Pers	onal care	products and services	10.	\$	175.00
11.	Medi	ical and de	ental expenses	11.	\$	125.00
12.			Include gas, maintenance, bus or train fare. car payments.	12.	\$	425.00
13			, clubs, recreation, newspapers, magazines, and books	13.	·	150.00
			tributions and religious donations	14.	•	0.00
		rance.	uributions and religious donations	14.	Φ	0.00
15.			nsurance deducted from your pay or included in lines 4 or 20.			
		Life insur		15a.	\$	25.00
		Health ins		15b.		10.00
		Vehicle in		15c.		214.46
			urance. Specify:	15d.	· <u> </u>	0.00
16			nclude taxes deducted from your pay or included in lines 4 or 20.	130.	Ψ	0.00
	Spec	ify:	, , ,	16.	\$	0.00
17.			lease payments: nents for Vehicle 1	17a.	\$	354.00
		. ,	nents for Vehicle 2	17a. 17b.		0.00
		Other. Sp		17b.	· · — — —	0.00
		Other. Sp		17d. 17d.	·	-
10			-		Φ	0.00
10.			s of alimony, maintenance, and support that you did not repor your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 10		\$	0.00
19.			ts you make to support others who do not live with you.	oi).	\$	0.00
	Spec		усы со сырроло сс ис ис усы.	19.		0.00
20.			perty expenses not included in lines 4 or 5 of this form or on S		our Income.	
			es on other property	20a.		0.00
		Real esta	· · ·	20b.		0.00
	20c.	Property.	homeowner's, or renter's insurance	20c.		0.00
			ince, repair, and upkeep expenses	20d.	· -	0.00
			ner's association or condominium dues	20e.	·	0.00
21		r: Specify:			+\$	0.00
۷.,	Ouic	т. Орсспу.			Γ	0.00
22.	Calc	ulate your	monthly expenses			
			4 through 21.		\$	5,837.58
	22b.	Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J	J-2	\$	
	22c.	Add line 22	2a and 22b. The result is your monthly expenses.		\$	5,837.58
22	Colo		monthly not income			
23.		•	monthly net income.	220	¢	E 025 24
			e 12 (your combined monthly income) from Schedule I.	23a.		5,925.21
	23D.	Copy you	r monthly expenses from line 22c above.	23b.	-\$ 	5,837.58
	230	Subtract	your monthly expenses from your monthly income.			
	250.		It is your monthly net income.	23c.	\$	87.63
		10001	,		<u> </u>	
24.			an increase or decrease in your expenses within the year after			
			you expect to finish paying for your car loan within the year or do you expect	your mortgage	payment to incre	ease or decrease because of a
			e terms of your mortgage?			
	■ No					
	□ Ye	es.	Explain here:			

Fill in this infor	mation to identify your	case:			
Debtor 1	Justin T Herber				
	First Name	Middle Name	Last Name		
Debtor 2	Sarah K Paris				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF INDIANA		
Case number _					
(if known)					☐ Check if this is an amended filing
f two married po fou must file thi	eople are filing togethe	r, both are equally respor ile bankruptcy schedules n connection with a bank	Debtor's Scheonsible for supplying correct information or amended schedules. Making ruptcy case can result in fines	ormation. ng a false statement, c	
Sig	n Below				
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out bankrup	otcy forms?	
■ No					
☐ Yes. I	Name of person				Petition Preparer's Notice, gnature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	nary and schedules filed with	this declaration and	
X /s/ Jus	stin T Herber		X /s/ Sarah K Paris	:	
	T Herber		Sarah K Paris		
Signatu	re of Debtor 1		Signature of Debtor	2	
Date	February 26, 2020		Date February 2	26. 2020	

Fill in this informa	tion to identify you	r case:			
Debtor 1	Justin T Herber				
Debtor 2	First Name Sarah K Paris	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bank	ruptcy Court for the:	NORTHERN DISTRICT C	F INDIANA		
Case number					
(if known)					Check if this is an
				a	mended filing
Official Forr				_	
Statement of	of Financial	Affairs for Individ	luals Filing for B	ankruptcy	4/19
				equally responsible for sup	
	Answer every que		ins form. On the top of an	y additional pages, write you	ii name and case
Part 1: Give De	tails About Your Ma	rital Status and Where You	Lived Before		
1. What is your o	current marital statu	ıs?			
_					
■ Married □ Not marrie	ad				
			. " .		
2. During the las	t 3 years, have you	lived anywhere other than v	where you live now?		
□ No					
Yes. List a	all of the places you I	ived in the last 3 years. Do no	t include where you live now	I.	
Debtor 1 Prio	r Address:	Dates Debtor 1	Debtor 2 Prior Ad	Idress:	Dates Debtor 2
301 West Fo	ster Pkwy	lived there From-To:			lived there
Fort Wayne		2002 - 2018	■ Same as Debtor	1	Same as Debtor 1 From-To:
				ity property state or territory ico, Texas, Washington and W	
■ No	e sure vou fill out Sch	nedule H: Your Codebtors (Of	ficial Form 106H)		
Tes. Make	e sare you mi out scr	redule 11. Tour Codebiors (Or	iiciai i oiiii 10011).		
Part 2 Explain	the Sources of You	r Income			
Fill in the total	amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	II businesses, including part		ndar years?
□ No					
Yes. Fill ir	the details.				
		Debtor 1		Debtor 2	
		Sources of income	Gross income	Sources of income	Gross income
		Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From January 1 of	current vear until	■ Wassa sa isi	\$7,943.43	■ 1Manaa a	\$8,142.86
the date you filed		Wages, commissions, bonuses, tips	Ψ1,373.73	Wages, commissions, bonuses, tips	ψ0, 1 72.00
		☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 1

		arah K Paris	er 			Case	e number (if known)		
				Dahira 4			Dalita a O		
				Sources of income Check all that apply.		income e deductions and ions)	Sources of inco		Gross income (before deductions and exclusions)
	r last caler anuary 1 to	ndar year: December 31	, 2019)	■ Wages, commissions, bonuses, tips		\$68,826.91	■ Wages, common was well was worked with the wages, tips	nissions,	\$18,507.19
				☐ Operating a business			☐ Operating a b	ousiness	
		dar year befo December 31		■ Wages, commissions, bonuses, tips		\$43,987.00	■ Wages, commonutes with the wages was bonuses, tips	nissions,	\$6,018.00
				☐ Operating a business			☐ Operating a b	ousiness	
	List each		e gross inco	e and you have income that			•		
				Debtor 1			Debtor 2		
				Sources of income Describe below.	each s	income from source e deductions and ions)	Sources of inco Describe below.		Gross income (before deductions and exclusions)
		y 1 of current filed for bank				\$0.00	Child Support	t	\$1,256.00
	r last caler anuary 1 to	ndar year: December 31	, 2019)			\$0.00	Child Support	t	\$7,536.00
		dar year befo December 31				\$0.00	Child Support	t	\$7,536.00
				Made Before You Filed for		ссу			
6.	Are eithe No.	Neither Deb	tor 1 nor D	's debts primarily consume lebtor 2 has primarily const personal, family, or househo	umer deb		s are defined in 11	U.S.C. § 101	1(8) as "incurred by an
		•	•	re you filed for bankruptcy, d	id you pay	any creditor a tota	l of \$6,825* or more	e?	
		_	Go to line 7		: 4-4-1 -	.f			
			paid that cre not include	each creditor to whom you pa editor. Do not include paymer payments to an attorney for t t on 4/01/22 and every 3 year	nts for don this bankru	nestic support obliguptcy case.	ations, such as chi	ld support a	nd alimony. Also, do
	■ Yes.	Debtor 1 or	Debtor 2 o	r both have primarily consu	umer debi	ts.		aujusimeni.	
		J	0 days befo	re you filed for bankruptcy, d	id you pay	any creditor a tota	I of \$600 or more?		
		_	Go to line 7						
		i	include pay	each creditor to whom you pa ments for domestic support o this bankruptcy case.					
	Creditor	's Name and A	Address	Dates of payme	ent	Total amount	Amount you still owe	Was this p	payment for

btor 2	Sarah K Paris			se number (if known)		
Credi	itor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for
PO E	nyMac Loan Services, LLC Box 514387 Angeles, CA 90051	3 months of payments	\$3,453.36	\$147,378.00	■ Mortgage □ Car □ Credit Car □ Loan Re □ Suppliers □ Other	ard
Unio 1104	vest America Federal Credit n Medical Park Dr. Wayne, IN 46825	3 months of payments	\$1,062.00	\$12,509.00	☐ Mortgage ☐ Car ☐ Credit Can ☐ Loan Re ☐ Suppliers ☐ Other	ard payment
Inside of which a busing alimor	n 1 year before you filed for bankrup rs include your relatives; any general pch you are an officer, director, person inness you operate as a sole proprietor. In the state of the state o	artners; relatives of any gen n control, or owner of 20%	neral partners; partnorners or more of their votin	erships of which yog g securities; and a	ou are a generaling a	al partner; corporat agent, including one
	es. List all payments to an insider.	_			_	
Insid	er's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
			paid	Sunowe		
404	nthan Parris West Oakdale Wayne, IN 46807	2/4/2020	\$400.00	\$0.00		
Withir inside Include	West Oakdale Wayne, IN 46807 1 year before you filed for bankrup r? e payments on debts guaranteed or co	tcy, did you make any pa	\$400.00	\$0.00	account of a d	ebt that benefited
Withir inside Include	West Oakdale Wayne, IN 46807 1 year before you filed for bankrup r? e payments on debts guaranteed or co	tcy, did you make any pa	\$400.00	\$0.00		this payment
Within inside Include	West Oakdale Wayne, IN 46807 1 year before you filed for bankrup er? e payments on debts guaranteed or co	tcy, did you make any pa signed by an insider. Dates of payment	\$400.00 yments or transfer a	\$0.00 any property on a	Reason for	this payment
Withir inside Include	West Oakdale Wayne, IN 46807 1 year before you filed for bankrup r? e payments on debts guaranteed or co lo 'es. List all payments to an insider er's Name and Address	tcy, did you make any pa signed by an insider. Dates of payment ons, and Foreclosures tcy, were you a party in a	yments or transfer a	\$0.00 any property on a Amount you still owe	Reason for Include cred	this payment litor's name ling?
Withir inside Include Include Inside	West Oakdale Wayne, IN 46807 1 year before you filed for bankrup r? e payments on debts guaranteed or co lo fes. List all payments to an insider er's Name and Address Identify Legal Actions, Repossession 1 year before you filed for bankrup such matters, including personal injury	tcy, did you make any pa signed by an insider. Dates of payment ons, and Foreclosures tcy, were you a party in a	yments or transfer a	\$0.00 any property on a Amount you still owe	Reason for Include cred	this payment litor's name ling?
Withir inside Include Include Inside	West Oakdale Wayne, IN 46807 1 year before you filed for bankrup r? e payments on debts guaranteed or co lo res. List all payments to an insider er's Name and Address Identify Legal Actions, Repossession 1 year before you filed for bankrup such matters, including personal injury cations, and contract disputes. Identify Legal Repossession 1 year before you filed for bankrup such matters, including personal injury cations, and contract disputes. Identify Legal Repossession 1 year before you filed for bankrup such matters, including personal injury cations, and contract disputes. Identify Legal Repossession 1 year before you filed for bankrup such matters, including personal injury cations, and contract disputes.	tcy, did you make any pa signed by an insider. Dates of payment ons, and Foreclosures tcy, were you a party in a	yments or transfer a	\$0.00 any property on a Amount you still owe ction, or administ on suits, paternity a	Reason for Include cred	this payment litor's name ling? t or custody
Withir inside Include Include Inside	West Oakdale Wayne, IN 46807 1 year before you filed for bankrup or? e payments on debts guaranteed or co lo fes. List all payments to an insider er's Name and Address Identify Legal Actions, Repossession 1 year before you filed for bankrup such matters, including personal injury cations, and contract disputes.	tcy, did you make any parsigned by an insider. Dates of payment ons, and Foreclosures tcy, were you a party in a sy cases, small claims action Nature of the case tcy, was any of your prop	yments or transfer a Total amount paid any lawsuit, court ac ns, divorces, collection	\$0.00 any property on a Amount you still owe still owe still owe	Reason for Include cred	this payment ditor's name ling? t or custody
Withir inside Include	West Oakdale Wayne, IN 46807 1 year before you filed for bankrup or? e payments on debts guaranteed or co lo fes. List all payments to an insider er's Name and Address Identify Legal Actions, Repossession 1 year before you filed for bankrup such matters, including personal injury cations, and contract disputes. Ide fes. Fill in the details. title number 1 year before you filed for bankrup all that apply and fill in the details belo lo. Go to line 11. fes. Fill in the information below.	tcy, did you make any passigned by an insider. Dates of payment ons, and Foreclosures tcy, were you a party in a y cases, small claims actio Nature of the case tcy, was any of your propow.	yments or transfer a Total amount paid any lawsuit, court ac ans, divorces, collection Court or agency perty repossessed, to	\$0.00 any property on a Amount you still owe ction, or administ on suits, paternity a	Reason for Include cred	this payment litor's name ling? t or custody ne case d, seized, or levied
Withir inside Include	West Oakdale Wayne, IN 46807 1 year before you filed for bankrup r? e payments on debts guaranteed or co lo lo les. List all payments to an insider er's Name and Address Identify Legal Actions, Repossession 1 year before you filed for bankrup such matters, including personal injury cations, and contract disputes. Identify Legal Actions in the details. Identify Legal Actions in the details. Identify Legal Actions in the details. Identify Legal Actions in the details below.	tcy, did you make any parsigned by an insider. Dates of payment ons, and Foreclosures tcy, were you a party in a sy cases, small claims action Nature of the case tcy, was any of your prop	yments or transfer a Total amount paid iny lawsuit, court ac ns, divorces, collection Court or agency perty repossessed, in	\$0.00 any property on a Amount you still owe still owe still owe	Reason for Include cred	this payment ditor's name ling? t or custody

	otor 1 Justin T Herber Sarah K Paris		Case numbe	(if known)	
	accounts or refuse to make a payment b ■ No □ Yes. Fill in the details.	ecause	e you owed a debt?		
	Creditor Name and Address	De	escribe the action the creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, or □ No □ Yes		vas any of your property in the possession of an ner official?	assignee for the bene	efit of creditors, a
Par	t 5: List Certain Gifts and Contribution	s			
13.	■ No □ Yes. Fill in the details for each gift.		did you give any gifts with a total value of more		?
	Gifts with a total value of more than \$60 per person Person to Whom You Gave the Gift and	0	Describe the gifts	Dates you gave the gifts	Value
14.	Address: Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift or c		did you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses				
15.	or gambling?	otcy o	r since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,
	Yes. Fill in the details.	Dagas	siba any inavyana any ara fay tha laga	Date of vour	Value of managers
	Describe the property you lost and how the loss occurred	Includ	ribe any insurance coverage for the loss the the amount that insurance has paid. List pending the claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers	i			
16.	consulted about seeking bankruptcy or p	repar	lid you or anyone else acting on your behalf pay ing a bankruptcy petition? rs, or credit counseling agencies for services require		rty to anyone you
	□ No■ Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Jeffrey S Arnold 209 W Van Buren Street Columbia City, IN 46725 jsarnoldlaw@jeffarnoldlaw.com		Attorney Fees	2/11/2020	\$590.00

	otor 1 otor 2	Justin T Herber Sarah K Paris				Case number	if known)		
17.	promi	n 1 year before you filed for bankrupto ised to help you deal with your credito t include any payment or transfer that you	rs o	r to make payments			r transfer any prope	rty	to anyone who
	_ `	es. Fill in the details.							
		on Who Was Paid		Description and variansferred	alue of any pro	operty	Date payment or transfer was made		Amount o
18.	transf Include include	n 2 years before you filed for bankrupt ferred in the ordinary course of your be e both outright transfers and transfers ma e gifts and transfers that you have alread No (es. Fill in the details.	u sin ade a	ess or financial affa as security (such as t	airs? the granting of a				
		on Who Received Transfer		Description and v			any property or received or debts change		ate transfer was nade
	Pers	on's relationship to you				•	J		
19.	benef	n 10 years before you filed for bankrup iciary? (These are often called asset-pro No Yes. Fill in the details.			y property to a	ı self-settled tru	ist or similar device	of v	vhich you are a
	Name	e of trust		Description and v	alue of the pro	perty transferr	ed		ate Transfer was nade
Par	t 8:	List of Certain Financial Accounts, Ins	strun	nents, Safe Deposi	Boxes, and S	torage Units			
20.	sold, I	n 1 year before you filed for bankrupto moved, or transferred? de checking, savings, money market, o es, pension funds, cooperatives, assoc	r oth	ner financial accou	nts; certificates	s of deposit; sh			
		No							
	□ Y	es. Fill in the details.							
		e of Financial Institution and Pess (Number, Street, City, State and ZIP		et 4 digits of count number	Type of acco instrument	clo	te account was sed, sold, oved, or nsferred		Last balanc before closing o transfe
21.		ou now have, or did you have within 1 yor other valuables?	/ear	before you filed for	bankruptcy, a	ny safe deposi	box or other deposi	itor	y for securities,
	_	No Yes. Fill in the details.							
		e of Financial Institution less (Number, Street, City, State and ZIP Code)		Who else had acc Address (Number, S State and ZIP Code)		Describe the	contents		Do you still have it?
22.	Have	you stored property in a storage unit o	r pla	ace other than your	home within 1	year before yo	ou filed for bankrupto	;y?	

No

☐ Yes. Fill in the details.

Name of Storage Facility

Who else has or had access

Address (Number, Street, City,

State and ZIP Code)

to it?

Describe the contents

Address (Number, Street, City, State and ZIP Code)

Do you still have it?

	otor 2 Sarah K Paris		Case number (if known)	
Par	t 9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you borrowed from, are storing fo	r, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	t 10: Give Details About Environmental Information	ation		
For	the purpose of Part 10, the following definitions	apply:		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul	ir, land, soil, surface water, ground	- ·	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	•	law, whether you now own, operate,	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s		s waste, hazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of wher	they occurred.	
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of an environm	ental law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adminis	strative proceeding under any envi	ronmental law? Include settlements	and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11: Give Details About Your Business or Con	nections to Any Business		
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have an	y of the following connections to an	y business?
	A sole proprietor or self-employed in a feature of the contraction.	trade, profession, or other activity,	either full-time or part-time	
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing execut	tive of a corporation		
	☐ An owner of at least 5% of the voting or	equity securities of a corporation		

	tor 1 Justin T Herber tor 2 Sarah K Paris	Ca	se number (if known)
	■ No. None of the above applies. Go to	Part 12	
	_	Il in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
	Coldwell Banker The Real estate	Realtor	Dates business existed EIN:
	Group 5503 Coventry Lane Fort Wayne, IN 46804		From-To 2012- Present
	Disc Jockey 404 W. Oakdale	Disc Jockey	EIN: From-To May 2012 - Present
	Fort Wayne, IN 46807		may 2012 Tresent
	Lyft Driving	Lyft driver	EIN:
	404 Oakdale Fort Wayne, IN 46807		From-To November 2017 - Present
	Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Pari	12: Sign Below		
are t with 18 U	rue and correct. I understand that making a		declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
	nature of Debtor 1	Signature of Debtor 2	
Date	February 26, 2020	Date February 26, 2020	
Did y ■ N	0	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
■ N	0	ot an attorney to help you fill out bankruptcy	

		_		
Fill in this in	formation to identify your	case:		
Debtor 1	Justin T Herber			
	First Name	Middle Name	Last Name	
Debtor 2	Sarah K Paris			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF INDIANA	
Case number				☐ Check if this is an amended filing
	orm 108 ent of Intentio	n for Individu	uals Filing Under	Chapter 7 12/15
•	ndividual filing under cha nave claims secured by yo	•	this form if:	
you have le You must file whice	eased personal property a	and the lease has not exp vithin 30 days after you f	ile your bankruptcy petition or I	by the date set for the meeting of creditors, copies to the creditors and lessors you list
	I people are filing togethe and date the form.	r in a joint case, both are	e equally responsible for supply	ing correct information. Both debtors must

Re as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's Midwest America Federal Credit Union	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt: 2014 Ford E350 109500 miles Location: 404 West Oakdale, Fort Wayne IN 46807	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes
Creditor's PennyMac Loan Services, LLC name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt: 404 West Oakdale Fort Wayne, IN 46807 Allen County	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Debtor 1 Justin T Herber Debtor 2 Sarah K Paris	Case number (if known)
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my ir property that is subject to an unexpired lease.	ntention about any property of my estate that secures a debt and any personal
X /s/ Justin T Herber	χ /s/ Sarah K Paris
Justin T Herber Signature of Debtor 1	Sarah K Paris Signature of Debtor 2
Date February 26, 2020	Date February 26, 2020

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Indiana

Debtor(s) Chapter 7 Disclosure of Compensation of 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b). I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankrupter, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankrupter, case is as follows: For legal services, I have agreed to accept \$ \$ 590.00 Prior to the filing of this statement I have received \$ \$ 590.00 Balance Due \$ \$ 0.00 2. The source of the compensation paid to me was: Debtor Other (specify): 3. The source of compensation to be paid to me is: Debtor Other (specify): 1. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm that agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm that agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required: (a) [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(1)(2)(A) for avoidance of liens on household goods. EXEMPTION To avoidance of liens on household goods. Lerrify that the foregoing is a complete statement of any agreement	Ī.,	Justin T Herbe			Case No.	
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept \$ \$ \$590.00 Balance Due \$ \$ \$590.00 Balance Due \$ \$ \$0.00 2. The source of the compensation paid to me was: Debtor Other (specify): 1. The source of compensation to be paid to me is: Debtor Other (specify): 1. The source of compensation to be paid to me is: Debtor Other (specify): 1. The source of compensation to the compensation with any other person unless they are members and associates of my law firm I have agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm I have agreed to share the above-disclosed compensation with any other person who are not members or associates of my law firm Copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. By agre	111	Saran K Paris	<u>;</u>	Debtor(s)		7
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2. The source of the compensation paid to me was: Debtor Other (specify): 3. The source of compensation to be paid to me is: Debtor Other (specify): 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of redditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. February 26, 2020 Date Selection		Prior to the filin	ng of this statement I have received	d	\$	590.00
■ Debtor		Balance Due			\$	0.00
3. The source of compensation to be paid to me is: ■ Debtor □ Other (specify): 4. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm □ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Jeffrey S. Arnold 209 W Van Buren Street Columbia City, IN 46725 260-248-2169 jasarnold194@ejeffarnoldlaw.com	2.	The source of the con	empensation paid to me was:			
■ Debtor □ Other (specify): 4. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filling of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filling of reaffirmation agreements and applications as needed; preparation and filling of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Separature of Antoney Jeffrey S. Arnold Jeffrey S. Ar		Debtor	☐ Other (specify):			
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Jeffrey S. Arnold 19743-02 Signature of Attorney Jeffrey S Arnold 209 W Van Buren Street Columbia City, IN 46725 260-248-2169 jsarnoldlaw@jeffarnoldlaw.com	this			any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
Signature of Attorney Jeffrey S Arnold 209 W Van Buren Street Columbia City, IN 46725 260-248-2169 jsarnoldlaw@jeffarnoldlaw.com		February 26, 2020				
Jeffrey S Arnold 209 W Van Buren Street Columbia City, IN 46725 260-248-2169 jsarnoldlaw@jeffarnoldlaw.com	Date					
Columbia City, IN 46725 260-248-2169 jsarnoldlaw@jeffarnoldlaw.com				Jeffrey S Arnold		
260-248-2169 jsarnoldlaw@jeffarnoldlaw.com						
jsarnoldlaw@jeffarnoldlaw.com					I 46725	
					arnoldlaw.com	

(6/2010)

United States Bankruptcy Court

Northern District of Indiana						
In re	Justin T Herber Sarah K Paris	Debtor(s)	Case No.	7		
			•			
	VERIFICATION OF CREDITOR MATRIX					
	e above-named debtor(s) verifies un knowledge.	nder penalty of perjury that the attached list of	creditors is tru	e and correct to the best of		
Date:	February 26, 2020	/s/ Justin T Herber Justin T Herber				
		Signature of Debtor				
Date:	February 26, 2020	/s/ Sarah K Paris				

Sarah K Paris Signature of Debtor 360 MORTGAGE GROUP 11305 FOUR POINTS DRIVE BLDG. 1 AUSTIN, TX 78726

AARGON AGENCY INC. 8668 SPRING MOUNTAIN RD. STE. 110 LAS VEGAS, NV 89117

AMERICAN ELECTRIC POWER SERVICE 1 RIVERSIDE PLAZA COLUMBUS, OH 43215-2372

AMERICAN PROFIT RECOVERY 34505 WEST 12 MILE ROAD SUITE 333 FARMINGTON, MI 48331

BISHOP LUERS HIGH SCHOOL 333 E. PAULDING ROAD FORT WAYNE, IN 46816

CANTERBURY GREEN APARTMENTS 2727 CANTERBURY BLVD FORT WAYNE, IN 46835

CAPITAL ONE PO BOX 6492 CAROL STREAM, IL 60197-6492

CBNA PO BOX 6497 SIOUX FALLS, SD 57117

COMENITY- CAESARS REWARDS VISA PO BOX 659584 SAN ANTONIO, TX 78265-9584

COMENITY- JARED THE GALLERIA OF JEWELRY PO BOX 659450 SAN ANTONIO, TX 78265-9450

CREDIT COLLECTION SERVICES TWO WELLS STREET NEWTON CENTER, MA 02459

DRIVE CARD
PO BOX 790394
SAINT LOUIS, MO 63179

DUPONT HOSPITAL 2520 EAST DUPONT ROAD FORT WAYNE, IN 46825

DUPONT HOSPITAL C/O BANK OF AMERICA PROCESSING CENTER 15682 COLLECTIONS CTR DR CHICAGO, IL 60693-0156

I.C. SYSTEM
PO BOX 64378
SAINT PAUL, MN 55164-0378

INDIANA DEPARTMENT OF REVENUE P.O. BOX 595 INDIANAPOLIS, IN 46206-0595

MERCANTILE ADJUSTMENT BUREAU 165 LAWRENCE BELL DR. BUFFALO, NY 14221

MIDWEST AMERICA FEDERAL CREDIT UNION 1104 MEDICAL PARK DR. FORT WAYNE, IN 46825

NELNET
P.O. BOX 1649
DENVER, CO 80201

PENNYMAC LOAN SERVICES, LLC PO BOX 514387 LOS ANGELES, CA 90051

PMB/EMERGENCY MEDICINE OF IN LLC 7619 WEST JEFFERSON BLVD. FORT WAYNE, IN 46804

PORTFOLIO RECOVERY ASSOCIATES, LLC PO BOX 12914 NORFOLK, VA 23541

PROFESSIONAL ACCOUNT SERVICES, INC. PO BOX 188
BRENTWOOD, TN 37024-0188

SNOW & SAUERTEIG 203 EAST BERRY ST. FORT WAYNE, IN 46802

SPRINT PO BOX 4191 CAROL STREAM, IL 60197-4191

STAR FINANCIAL BANK PO BOX 151600 ANDERSON, IN 46015

THREE RIVERS FEDERAL CREDIT UNION P.O. BOX 2573 FORT WAYNE, IN 46801-2573

VON MAUR 6565 BRADY STREET DAVENPORT, IA 52806

WELTMAN, WEINBERG & REIS CO. 323 WEST LAKESIDE AVE STE. 200 CLEVELAND, OH 44113-1009